NEW YORK STATE OFFICE OF CHILDREN AND FAMILY SERVICES

NOTICE OF INTENT TO CHANGE CHILD CARE BENEFITS AND FAMILY SHARE PAYMENTS

NOTICE DATE:		EFFECTIVE BENEFIT C	HANGE DATE:	NAME	AND ADDRESS OF AGENCY/	CENTER OR DISTRICT OFFICE:
CASE NUMBER: CII		CIN NUMBER:	/ / CIN NUMBER:			
CASE NAME (And C/O Name if Present) AND ADDRESS:					AL TELEPHONE NO. FOR	
				QUESTI	ONS OR HELP:	
				OR	Agency Conference: Fair Hearing Information	
				and Assistance:	1-800-342-3334	
					Record Access:	
					Legal Assistance Information:	
OFFICE NO.:	UNIT NO.:	WORKER'S NO.:	UNIT OR WORKE	R'S NAME:	wor (RKER'S TELEPHONE NO.:) -
	This agency intends to change your child care benefit. Your current benefit will end, and a new benefit will begin. Your current benefit will include services provided through (date) / / .					
The new benefit v		nild care services prov	vided on (date)	1	/ through (date))
Comments:						
					RING TO APPEAL THIS	
READ THE BAC BENEFITS:	CK OF THIS NO	TICE ON HOW TO F	REQUEST A CON	FERENCE	E AND/OR HEARING TO	APPEAL THIS DECISION.
Child(ren):		For this provide	der:		For the amount of: *	Full Time or Part Time:
		Totaling provide				
		permitted by regula				
☐ Effective	1 / /	sponsible for payin				
_	/ /	, a Weekly Fal	mily Share must b	e paid to_		
in the amount	01 \$	on Additions	per week.	o noid to		
Effective	/ /	, an Additiona	I Payment must b	-		
in the amount	01 \$	2004	per week, to re	=	• •	
Effective	1 1	, a Court-Orde	red Payment mu			
in the amount	of \$		per week for th	e child(rer		
The following in	formation is an	explanation of how	your weekly fan	nily share	was determined.	
		Family's annual	gross income\$.	<u></u>	
Minus 100% annua	al state income s	standard for a family	size of	5		
		Rem	naining income\$	5		
		Rem	naining income\$	5	X family share _	1% = \$
		\$	/ 52 weeks =	5	weekly family share)
All family share amounts are rounded to the nearest \$0.50. There is a minimum family share requirement of \$1 per week. This fee is waived for those receiving Temporary Assistance, experiencing homelessness, or when such assistance is provided to a child where the child care services unit is comprised of the eligible child(ren) only. This fee is also waived for those receiving child care as a protective service, a preventive service, or for a foster child.						
The reason for this action is:						
The LAW(S) AND	OOR REGULAT	The LAW(S) AND/OR REGULATION(S) that allows us to do this is/are:				

CLIENT/FAIR HEARINGS COPY

If you disagree with your local department of social services' decision, you may request a conference and/or a fair hearing.

1. <u>CONFERENCE</u>: You have a right to a conference with your local department of social services to review the determination. If you want a conference, you should request one AS SOON AS POSSIBLE, because the outcome of the conference may impact your decision to request a fair hearing. If you want a fair hearing and your child care benefit to remain unchanged (aid continuing) until the fair hearing decision is issued, you must request a fair hearing before the EFFECTIVE BENEFIT CHANGE DATE on the front page of this notice. A request for a conference alone will not result in your benefits being continued. At the conference, you may present information to demonstrate why you believe the agency action is not correct.

	P. 00			,,, to at			you bollovo tilo ago	mey determ to not contest.	
	You	ı ma	y reques	t a cor	feren	ce by:			
		(1)	Calling:	()	-		(PLEASE HAVE THIS NOTICE WITH YOU WHE	N YOU CALL.)
		(2)	Writing	Check	the b	ox below a	and mail to	_	
		Plea	ase keep	а сору	for yo	urself.			
							ee with the agency explanation.	s action. You may explain on a separate paper why y	ou disagree, but
2.	FAIR HEARING: You have a right to a fair hearing to appeal the determination of the local department of social services. If want a fair hearing, you have 60 DAYS from the NOTICE DATE, located on the front page, to make the request. If you do not your child care benefit to change until the fair hearing decision is issued, you must request a fair hearing before the EFFEC BENEFIT CHANGE DATE listed on the front page of this notice. You do not have to request a conference before requesting hearing.					you do not want the EFFECTIVE			
You may request to keep your child care benefit unchanged until a fair hearing decision has been issued. If you requested benefit not to be changed until a fair hearing decision has been issued, and you lose the fair hearing, you will have been The local department of social services will seek to recover the overpayment from you by reducing future child care be collecting a lump sum payment or installment payments, or through legal action.					e been overpaid.				
	You	ou may request a fair hearing by:							
	(1) Calling: 1-800-342-3334 (PLEASE HAVE THIS NOTICE WITH YOU WHEN YOU CALL.)								
	(2) Online: To send your fair hearing request online, go to https://otda.ny.gov/hearings/ , click on the links to request a fair hear using the online form, and follow the instructions to complete and submit the form online.				est a fair hearing				
	(3)	(3) Writing: Check the box and complete the information below. Mail to the New York State Office of Administrative Hearings Office of Temporary and Disability Assistance, P.O. Box 1930, Albany, New York, 12201-1930. Please keep a copy fo yourself.							
	(4)								
		☐ I want a fair hearing. I do not agree with the agency's action. You may explain on a separate paper why you disagree, but you do not have to include a written explanation.							
		Sele	ect one.						
		□ Do NOT change my child care benefit until a fair hearing decision has been issued.							
			Change r	ny child	dcare	benefit on	the effective date I	isted on this notice, pending the fair hearing decision.	
		Na	ıme:					District:	
		Ad	ldress:					Case Number:	

If you request a fair hearing, the state will send you a notice informing you of the time and place of the hearing. You have the right to be represented by legal counsel, a relative, a friend or other person, or to represent yourself. At the hearing you, your attorney or other representative will have the opportunity to present written and oral evidence to demonstrate why the action should not be taken, as well as an opportunity to question any persons who appear at the hearing. Also, you have a right to bring witnesses to speak in your favor. You should bring to the hearing any documents such as this notice, paystubs, receipts, child care bills, medical verification, letters, etc. that may be helpful in presenting your case.

Phone Number: ()

LEGAL ASSISTANCE: If you need free legal assistance, you may be able to obtain such assistance by contacting your local Legal Aid Society or other legal advocate group. You may locate the nearest Legal Aid Society or advocate group by searching online, using key words such as your county of residence and "Legal Aid Society" or "advocate group," by checking your Yellow Pages under "Lawyers," or by calling the number indicated on the first page of this notice.

ACCESS TO YOUR FILE AND COPIES OF DOCUMENTS: To help you get ready for the hearing, you have a right to look at your case file. If you call or write to us, we will provide you with free copies of the documents from your file, which we will give to the hearing officer at the fair hearing. To ask for documents or to find out how to look at your file, call us at the Record Access telephone number listed at the top of page one of this notice or write to us at the address printed at the top of page one of this notice. Also, if you call or write to us, we will provide you with free copies of other documents from your file which you may need to prepare for your fair hearing. If you want copies of documents from your case file, you should ask for them ahead of time. They will be provided to you within a reasonable time before the date of the hearing. Documents will be mailed to you only if you specifically ask that they be mailed.

INFORMATION: If you want more information about your case, how to ask for a conference or fair hearing, how to see your file, or how to get additional copies of documents, call us at the telephone numbers listed at the top of page one of this notice or write to us at the address printed at the top of page one of this notice.

NEW YORK STATE OFFICE OF CHILDREN AND FAMILY SERVICES

ADDENDUM TO NOTICE OF INTENT TO CHANGE CHILD CARE BENEFITS AND FAMILY SHARE PAYMENTS-FINANCIAL ELIGIBILITY CALCULATION

	tive Date: / /						
	Name:						
Case	Number:	Α					
Belov	amount that you pay for your family share has changed from to w are the sources of income used to calculate your family's income and the ly share.	calculation used to determine	your				
	se check the information below. If there is a mistake, contact your casework	er listed on page one of this n	otice.				
You	r family's monthly gross income was determined from the following source	s:					
	Wages or salary (18 NYCRR § 404.5(b)(5)(i)) before taxes in the amount of:	\$	per month.				
	Social Security (18 NYCRR §404.5(b)(5)(iv)) in the amount of:	\$	per month.				
	Child Support (18 NYCRR §404.5(b)(5)(xi)) in the amount of:	\$	per month.				
	18 NYCRR §404.5(b)(5) in the amount of:	\$	per month.				
	Your family's total monthly gross income:	\$	per month.				
The following information is an explanation of how your weekly family share was determined.							
	Family's total monthly gross income \$	X 12 months = \$	annual income				
	Family's annual gross income \$						
	Minus 100% state income standard for a family size of \$						
	Remaining income _ \$	<u></u>					
	Remaining income \$	X family share % 1 %	5 = \$				
	\$ /52 weeks = _\$	weekly family share					
Family Size 100% Annual State Income Standard							

Family Size	100% Annual State Income Standard
1	
2	
3	
4	
5	
6	
7	
8	

For families with more than 8 persons, add \$	for each additional person.
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^{*}Other income not listed above and defined in New York State regulation 18 NYCRR 404.5(b)(5) is defined as, but not limited to the following: net income for non-farm self-employment, i.e., gross receipts minus expenses from one's own business, professional enterprise or partnership; or net income from farm self-employment, i.e., gross receipts minus operation expenses from the operation of a farm by a person on their own account, as owner, renter or sharecropper; or dividends, interest (on savings or bonds) income from estates or trusts, net rental income or royalties; public assistance (PA) or welfare payments (include PA payments such as ADC, SSI, and home relief. Note: SSI received by any child in the child care services unit is not counted as income); or pensions and annuities (include pensions or retirement benefits paid to a retired person or their survivors); or unemployment compensation; workers' compensation; alimony; or veterans' pensions.